

WELLNESS DEPARTMENT

This form is to be used to satisfy, on a temporary basis, district requirements for documentation of residency and/or guardianship of a homeless student.

The questionnaire is intended to address the McKinney-Vento Homeless Education Act 42 U.S.C. 11435. The answers on this form are to help determine services the student may be eligible to receive.

1. Is your current address a temporary arrangement?

Springfield, Illinois 62777-0001

2. Is this temporary living arrangement due to loss of housing or financial problems?

If you answered YES to any of the above questions, please complete the remainder of this form. If you answered NO, you may stop here.

Please list below the children in your care: (Attach additional sheets if necessary.)

NAME OF CHILD	DATE OF BIRTH		SEX		GRADE	NAME OF LAST	NAME OF NEW SCHOOL
			М	F	LEVEL	SCHOOL ATTENDED	NAME OF NEW SCHOOL
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	1 1						
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Where did your child/children sleep last night? Check one box only.

Shelter

With a family of friend due to financial problems

Yes

Yes

| No

No

Motel/Hotel

Unaccompanied youth

In a place not designated for ordinary sleeping accommodations, such as car, park, or campground.

Other (please explain in person)

The undersigned certifies that the students' names above meet the definition of "homeless student" as stated in the McKinney-Vento Homeless Education Act. See **NOTE** below:

Homeless Education Liaison (please print)

Digital or Original Signature

Date

NOTE: A representative of a homeless student is a person who temporarily or permanently is acting as the caretaker for the child(ren)/ youth. This might include the parent(s), relative, shelter provider, social worker, older sibling, grandparent, or others. The federal McKinney-Vento Act requires that homeless children be provided a free, appropriate public school education. It states that residency requirements may not be used to deny such an education to homeless children and youth.

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